

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.
10/069868

FILING DATE

APPLICANT(S)

CLAIMS

AS FILED	AFTER		AFTER	
	IND.	DEP.	IND.	DEP.
1	/			
2	/			
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TOTAL IND.	4			
TOTAL DEP.	6			
TOTAL CLAIMS	10			

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TOTAL IND.								
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TOTAL CLAIMS								

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS